	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 833 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Democratic Congressional Campaign C	ommittee		
A.	Full Name (Last, First, Middle Initial) Barbara Boyle Mailing Address 557 Spoleto Dr City Pacific Palisades FEC ID number of contributing federal political committee. Name of Employer UCLA Receipt For: Primary General Other (specify)	State CA C Occupation Professo Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Margie E. Boyles Mailing Address 2426 N Terrace Ave City Milwaukee FEC ID number of contributing federal political committee. Name of Employer N/A Receipt For: Primary General Other (specify)	State WI C Occupation Retired Aggregate	Zip Code 53211 n e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) Jeanne Boynton Mailing Address 27 Burton Rd # 598 City Lakeville FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	1	Zip Code 06039 n on Requested e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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